

Response to Proposed Class Action Settlement

You may be affected by the settlement of mental health claims made under the Americans with Disabilities Act ("ADA") and under Section 504 of the Rehabilitation Act ("Section 504") in the lawsuit entitled *Braggs v. Dunn*, No. 2:14-cv-00601-MHT-TFM (previously *Dunn v. Dunn*).

A notice of the terms of the settlement has been posted in your facility and you can review a copy of the Proposed Settlement in the law library or, if there isn't a library, in the area where other inmate information is made available in your facility. If you cannot go to the law library, you can request a copy of the Proposed Settlement from ADOC personnel or by writing to: William Van Der Pol, Jr., Alabama Disabilities Advocacy Program, Box 870395, Tuscaloosa, Alabama, 35487 or ADA Mental Health Settlement Questions, Southern Poverty Law Center, 400 Washington Ave., Montgomery, Alabama, 36104.

If you are a prisoner with a mental health disability, you have a right to comment or object to the Proposed Settlement. If you wish to comment or object, please fill out this form and put it in the comment box at your facility that has been made available for accepting these comments. This box is located by the box where inmate request forms are placed and is marked "ADA Mental Health Settlement Comment Box".

If, due to your housing assignment, you are not allowed access to the box, you should give the completed form (sealed in an envelope, if you wish) to the following persons who will place the form in the box:

- in Segregation Units, the forms will be collected by members of the Institutional Segregation Review Board during normal rounds;
- in the Infirmary, Mental Health Units, Stabilization Units, and Death Row, the forms will be collected by the Captain who is responsible for those units and deposited in the Comment Box;
- in Segregation Units/Holding Units at Work Release Facilities, the forms will be collected by the Warden.

You can also mail the completed form to: Clerk of the Court, United States District Court for the Middle District of Alabama, P.O. Box 711, Montgomery, AL 36101-0711. If you need assistance in completing this form, please notify a Correctional Officer.

You must include your name, AIS Number, and signature on this form or it will not be considered.

ALL COMMENTS MUST BE PLACED IN THE ADA MENTAL HEALTH SETTLEMENT COMMENT BOX, PROVIDED TO THE APPROPRIATE ADOC OFFICER OR REPRESENTATIVE OR POST MARKED BY _____ 2017, TO BE CONSIDERED.

Inmate Name (print) _____ AIS Number _____

Inmate Signature _____ Date _____

Do you object to or wish to comment on any of the following provisions of the Proposed Settlement Agreement? If so, please circle the topic and explain your comment or objection below.

Topics (circle one or more):

Housing / Grouping Prisoners with
Disabilities to Provide Services

Security Levels

Emergencies

Identification of Disabilities

Tracking of Disabilities & Facility Transfers

ADA Coordinators

Accommodation Request / Grievance Process Other _____

Life Skills / Adaptive Behavior Training for
Prisoners with Intellectual Disabilities

Access to Programs

Access to Facilities

Quality Assurance / Monitoring

Attorneys' Fees

Please write out the reasons for your objection/comment below or it will not be considered. You may attach additional pages and/or supporting documentation. Documents attached will not be returned.

Do you wish to testify under oath (by videoconference from an ADOC facility) about your opinions on the Proposed Settlement? Yes No